



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies – Complaint Investigation

Agency:	Center for Independent Living	Region(s):	5
Agency Type:	Res Hab	Investigation Dates:	06/05/17-06/13/17
Certificate(s):	RHA-265	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full <input checked="" type="checkbox"/> N/A – Complaint

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.301. PERSONNEL. 02. Work Schedules. Coverage is scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules.	Based upon discussion with the administrative staff and incident reports the agency lacked back-up coverage for participant 1,2 and 3 on May 8, 2017. Employee 1 left the home to assist another employee next door and left the three participants home alone for approximately 5-10 minutes. The lack of supervision and backup coverage resulted in participant 1 attempting to take a bath by self and received burns over 11% of the participant's body.	<i>1. The agency will adhere to work schedules to support participants and fully engage the back-up coverage procedures already in place. All staff will be trained and/or retrained on their assigned work schedules and the protocols to utilize the emergency back-up procedures in the event that extra staffing is required. 2. The agency will address the deficient practice and implement the corrective actions for all staff and participants receiving services from the agency. 3. The administrator or designee 4. The agency will monitor compliance</i>	6/22/2017



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		<i>through the quarterly quality assurance program, onsite visits, orientation training, ongoing staff training, annual performance appraisals, and the enforcement of staff work schedules.</i>	

Agency Representative & Title: Becky Novak, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 6/23/2017
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 06/23/17